GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.:	PAGE:
PeterJohn D. Camacho, MPH Hospital Administrator/CEO	Nursing	February 20, 2018	A-PC600	1 of 8
TITLE: PATIENT SITTER PROGRAM				
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PURPOSE

To provide a safe environment for patients requiring direct observation at all times while in the hospital.

POLICY:

Patient sitters, also called "one-to-one" or "constant observers", are staff assigned to provide direct observation for patients at risk to harm themselves or others. Patient sitters are used in a variety of care settings, including:

- patients who are assessed to be at high risk for a fall;
- in psychiatric crisis, including those who have attempted *suicide or with suicidal ideation, (Level II);*
- patient at risk for harming others;
- substance-abusing with behavioral problems, or experiencing delirium, confusion, or agitation.

GUIDELINES:

It is the responsibility of the attending physician, or Emergency Department physician to order suicide precautions, and/or one on one direct observation.

Families are not allowed to perform the face to face observation function for patients on suicide precautions, Level II.

Patient sitters must complete a Patient Sitter Orientation Program. ***(see attachment I)***
The following personnel can participate in the patient sitter program: Security personnel, Patient Couriers, Certified Nurse Assistants, Cardiac Monitor Technician, Emergency Room Technicians, can be a patient sitter upon completion of the *"Patient Sitter Orientation"*. All sitters must be a current Basic Life Support Provider and CPI certified. (Crisis Prevention Intervention)

Compensation for staff members participating in the patient sitter program will be in accordance to Government of Guam, Department of Administration Personnel Rules and Regulation

PROCEDURE:

- When a physician orders a one to one Patient Sitter, the "Hospital Sitter Observer Justification Form" is completed by the Charge Nurse/Primary Nurse and submitted to the Nursing Supervisor II on duty**.** *(Refer to Attachment II)*

- In order to provide staffing for sitter, it is important that the unit provides the justification every 8 hours, or two (2) hours prior to the change of sitter shifts.

- The Nursing Supervisor II shall review the justification form for approval and will notify the unit when approval is obtained.

- The Nursing Supervisor II is to assign a qualified staff as sitter and will coordinate with the unit to ensure that nursing care is not compromised and additional staff is provided to implement the one to one direct observation.

- A copy of the justification form, with retracted patient identification (patient name and date of birth) shall be attached to the overtime justification form of the staff member.

RELATED POLICIES:

- A-PS1000, Suicide Precautions, of the Administrative Manual.
- 6301-II-C-30, Restraint Use for Behavioral Health Purposes, of the Nursing Services Manual.
- 6301-I F-5, Fall Prevention Program, of the Nursing Services Manual.
- Government of Guam Department of Administration (1996). Personnel Rules and Regulation, Executive Order 96-24.

ATTACHMENTS:

I. Patient Sitter Orientation Program
II. Hospital Sitter Obserer Justification Form

ATTACHMENT I

Patient Sitter Orientation

Patient *safety* and *comfort* is very important to us. As a sitter, you play an important role in keeping our patients safe. The following provides helpful information to assist you during shift.

General Guidelines:

1. The patient must be observed at all times and never left alone. To keep the patient safe, it is important that you remain awake and alert. Use the call light to summon staff for assistance or break times. Do not leave the room. While the doctors are in the room, you may step out into the hallway. You must stay in the room while visitors or family members are in the room unless you are told otherwise by the nurse.

2. Please turn off all personal cell phones or pagers. Use of these devices in the patient room is not permitted. Personal cell phones or pagers may be used only during your break. You may bring personal reading material to use when the patient is sleeping.

3. All sitters have a 4-hour rotation with a one 15-minute break period. The Nursing Supervisor II on duty shall arrange for qualified sitters at all times. Eating or drinking in the patient room is not allowed.

On the Unit:

When arriving on the unit, please let the charge nurse know that you are there. Shortly thereafter, the nurse will talk with you. The care needed for the patient will be discussed at this time. **Before starting your shift, please verify with the patient's nurse:**

- Your break times
- Special patient needs
- Patient activity (e.g. up to bathroom with help, bed rest)
- Any concerns you have about caring for the patient

Communicating with the Patient:

The patient's condition may cause them to be confused, uncooperative or even harm themselves. As a result, they may have little control of what they do or say. This is why a sitter is needed.

It is important to respect the patient by speaking to them in a calm and friendly tone. Raising your voice may cause the patient to become upset.

- Avoid arguing with the patient
- Remain calm
- In certain circumstances, you may be required to take action to prevent a patient from harming themselves prior to the nurse's arrival. If the patient is doing something that may cause harm (e.g. climbing over the bed side rails), attempt to stop these actions by giving brief, clear instructions. Repeat this up to 3 times (over one minute) in a firm, yet quiet manner. Be sure that you have the patient's attention. Make eye contact when possible. If the patient persists in this harmful behavior, contact the nurse right away.

Patient Sitter Orientation (Continued)

Responsibilities:
Your duties will include the following:

1. Keep the patient safe by observing the patient at all times:
    - When the patient is using the toilet or showering, leave the bathroom door open at all times so you can see the patient. The outer door to the patient's room may be closed for the patient's privacy. If the patient refuses to leave the bathroom door open, contact the nurse. The nurse will then select other care options (e.g. use of a commode or bathing at the bedside).

    - If you see any object in the room that patients may use to harm themselves or others, contact the nurse right away. This may include knives, scissors, matches, lighter, cord, rope, plastic bags, or pills (not given by the nurse).

    - Patients at Risk for Falling: You may be asked to monitor and ensure the safety of a patient who is at risk for falling. This may be at risk due to the following:
        - A surgical procedure or medical condition that impairs their strength or balance
        - Confusion caused by medication, dementia or unfamiliar surroundings
        - Poor eyesight
        - Medical equipment such as IV pumps, tubes, drains or orthopedics devices such as casts or splints

      Please do not attempt to walk the patient to the bathroom or transfer the patient out of bed by yourself unless you have verified this with the nurse. **Notify the nurse immediately by pressing the call button if the patient should happen to fall. Do not attempt to move the patient.**

2. Other responsibilities (e.g., assisting during meals, bathing, monitoring vital signs and/or intake & output) may be assigned dependent upon your employment position.

3. **Talk with the nurse if you have any questions about the above information.**

Care of a Suicidal Patient:
Patients who have attempted or have expressed a desire to commit suicide must be taken seriously and protected from harming themselves. This is accomplished through a team approach including the RN, unit staff and 1-to-1 monitoring by you. **It is extremely important that you are awake and alert while caring for this patient!**

Follow the care guidelines below and provide a safe environment for them.

- The patient should never be left alone, this includes when the patient is dressing, bathing or using the bathroom. You must have visual contact with them at all times and should be within 4-6 feet from the patient.
- The patient cannot ask you to step out of the room for any reason. If they become agitated, use the call light to get assistance in the room.
- Refer all visitors to the nurse before visiting. Any items brought in by family or friends must be examined for safety and appropriateness by the nurse. The patient cannot have private time with visitors, nor should you move yourself away from the patient when visitors are present.

Patient Sitter Orientation (Continued)

- You should accompany the patient to all procedures off the unit. The patient is not to leave the unit for any reason. Should the patient be considered an acute elopement risk or a high risk for suicide, two people should accompany the patient off the unit.
- The patient cannot have anything that has the potential to be used to harm himself or herself. This could include items such as knives and forks, sharp objects, pins, plastic bags, glass or metal objects, medications of any kind, strings, cords, or unused restraints. All belongings must be stored away from the patient.
- All eating utensils must be paper and plastic. No metal, glassware, or cans or permitted. Utensils are to be counted before and after use. If there are any utensils missing from the tray after the patient has eaten, notify the nurse immediately. The patient and the immediate area must be searched until the missing item is found.
- You should have the ability to see the patient's hands at all times.
- The patient should be checked frequently when sleeping, including pulling covers down to check the patient.
- Convey attitudes of compassion, empathy and understanding. Do not offer to counsel the patient spiritually or emotionally.
- Allow the patient to talk, but do not offer your judgments or opinions. Do not promise the patient that you will not tell the staff what you have been told.
- You will receive a thorough report from the nurse about any circumstances and concerns regarding the patient. Likewise, you need to give the nurse and next sitter a thorough report about the patient's behavior. This would include observations about mood (sad, joyful, or angry), behavior (withdrawn, talkative, or friendly), and anything the patient said about feelings, thoughts, and plans concerning suicide.
- Documentation is the nurses' responsibility, with your input as a valuable source of information.
- **If an emergency situation should arise, stay with the patient, use the nurse call button, and call for help out the door.**

Care of Patients Who Are Restrained:

Restraints are used on a variety of patients for many different reasons. Some of those reasons may include confusion, agitation, violent or aggressive behavior, to prevent the patient from pulling out tubes or lines and prevention of harm to the patient or others. Before a patient is restrained, other attempts to use alternative measures such as disguising or covering tubes and lines, reorienting the patient to their environment, medication or pain management, and increased supervision should be made.

When a patient is placed in restraints, it does not mean that they need less supervision than other patients. Any type of restraint tied to the bed can loosen easily. Also, these patients need to be assessed frequently to make sure the restraint is not causing any harm to them. The nurse must monitor the patient's circulation or skin integrity, movement and sensation every two hours. Depending on your employment position within the hospital, you may assist the nurse with patient's range of motion exercises, hydration with sips of water or juice (if appropriate), toileting, and any other relevant care every two hours as necessary. You must verify this with the nurse first! All sitters are to monitor the areas within the patient's reach to assure that he/she does not have access to items that could cause harm (i.e. sharp objects, matches, lighters, etc.).

Patient Sitter Orientation (Continued)

Types of restraints used here at Guam Memorial Hospital include:

1. Soft restraints
   - Mitten restraints
   - Soft wrist and limb restraints
   - Vest-type or chest restraints

2. Locked restraints (always on all four limbs and considered "hard restraint")

Notify the nurse of any changes in:

- **The patient's behavior or mental status: (1) Escalating behavior (for example, increase in activity or agitation, tearfulness, loud talking, using obscenities, threatening you or others; (2) Changes in level of consciousness.**
- **Safety of the patient**
- **Attempts of successful elopement**
- **Comfort level of the patient**
- **Or any physical needs the patient has requested (i.e. toileting and fluids)**

Do not remove restraints without permission from the nurse caring for the patient!

Other Duties:

1. If the assigned patient leaves the floor for treatments or diagnostic testing, **you are required and expected** to accompany the patient for the duration of the test. This may alter break times previously agreed upon earlier in the day. Remember that we are here to care for patients and this may require some flexibility.
2. You are required and expected to remain with the assigned patient until your reliever has arrived.
3. You are expected to communicate with the nurse caring for the patient throughout your shift.
4. It is also helpful to pass on any information that may be useful to your reliever.

If your employment position permits and the patient's nurse has given you specific direction, your other duties may include:

5. You are expected to help the patient **clean up or freshen up once during your shift**. If the patient needs a complete bed bath, and you know the patient is going to an early test or to surgery, you may start as early as 5 a.m.

   - Please do not forget to include oral care when assisting the patient clean up. If the patient is capable to brush without assistance, prepare their toothbrush/toothpaste for them and allow them to brush their teeth. If the patient is not able to brush their own teeth, please assist them in cleaning their mouths and oral cavity.

6. Please assist the patient in repositioning and turning as often as necessary to prevent skin breakdown.
7. Please change bed linen at least once a day, and more frequently as needed. Straighten linen as often as necessary.

Thank you for caring for our patients!

Patient Sitter Orientation QUIZ

1. It is an expectation of a patient sitter that (s)he will:
   a) Arrive on time and ready for work
   b) Have respect for the patient, families and significant others at all times
   c) Adhere to GMH policies and procedures
   d) All of the above

2. It is important for patients who are on suicide precautions to at least have privacy when using the bathroom or making personal phone calls.
   a. True
   b. False

3. The assigned patient has fallen out of bed. You ring the call light to notify the nurse and return the patient safely back to bed and make them comfortable.
   a. True
   b. False

4. If the assigned patient is sleeping quietly, it is ok for you to:
   a) Take a nap yourself
   b) Eat your dinner in the patient's room
   c) Phone one of your friends
   d) Read a book

5. Reasons for restraining a patient may include:
   a) Confusion
   b) Agitation
   c) Prevention of harm to self/others
   d) All of the above

6. You are the sitter for Mrs. Cruz. She had been agitated before now, but after her nap she is calm and cooperative. You would:
   a) Remove the restraint and watch closely
   b) Notify the nurse of change in behavior
   c) Do nothing
   d) None of the above

7. If your employment position permits (e.g., certified nursing assistant), you may be asked to assist by performing such duties as bathing, assisting with meals, and changing of bed linens.
   a) True
   b) False

ATTACHMENT II

HOSPITAL SITTER OBSERVER JUSTIFICATION FORM

DIRECTIONS: *Form is to be completed and submitted two hours prior to each shift.*

DATE: _____ Shift Requested to be Covered:

Unit/Room: _____

Time: _____ ( ) Day ( ) Evening ( ) Night

Ordering Physician: _____

BEHAVIORS OBSERVED	**ALTERNATIVES TO SITTER ATTEMPTED**
( ) Suicidal with MD ORDER for Suicide precautions (LEVEL III)	( ) Patient moved closer to Nurses Station
( ) History of Previous falls	( ) Family asked to stay with patient
( ) Removed self from restraints	( ) Restraints utilized (physician order Obtained)
( ) ETOH/Drug Withdrawal/DT's	( ) All staff made aware of need for frequent observation
( ) Agitation	( ) Reduced sensory stimulation (noise/light, etc.)
( ) Combative Behavior	( ) Placement of call light/personal items in reach
( ) Wandering/flight risk	( ) Diversion activities such as TV or music
( ) High risk for falls	

Special Circumstances: _____

_____

Signature of RN completing form: _____ Date/Time: _____

Print Name/Title: _____

Signature of Nursing Supervisor: _____ Date/Time: _____

Approved: YES _____ NO _____ Reason if not approved: _____

_____